

STATE OF HAWAII — DEPARTMENT OF TAXATION
Individual Income Tax Return 1999
RESIDENT FILING FEDERAL RETURN
Calendar Year 1999

DO NOT WRITE OR STAPLE IN THIS SPACE

**USE THIS FORM ONLY IF YOU ARE FILING A
FEDERAL TAX RETURN FOR 1999.**

USE STATE LABEL OTHERWISE PRINT OR TYPE	Your first name and initial	Last name	Your social security number
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	Present mailing or home address (Number and street, including apartment number or rural route)		Your occupation
	City, town or post office, State and ZIP code		Spouse's occupation

FILING STATUS	1	<input type="checkbox"/> Single
	2	<input type="checkbox"/> Married filing joint return (even if only one had income).
	3	<input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. ●
	4	<input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ➤
	5	<input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died 19●).

CAUTION: If you can be claimed as a dependent on another person's tax return (such as your parents'), **DO NOT** check box 6a, but be sure to check the box above line 20.

EXEMPTIONS	6a <input type="checkbox"/> Yourself	Age 65 or over	}	Enter the number of boxes checked on 6a and 6b	7●	00
	6b <input type="checkbox"/> Spouse	Age 65 or over			18●	00
	6c Enter the number of your dependent children listed on federal return				19●	00
	6d Enter the number of other dependents listed on federal return				20●	00
	6e Total number of exemptions claimed. Add numbers entered in boxes above				21●	00

COMPUTATION OF HAWAII ADJUSTED GROSS INCOME	7 Federal adjusted gross income (AGI) from Form 1040, 1040A, or 1040EZ	8	00	}	}	}
	8 Difference in state/federal wages due to COLA, ERS, etc. (see page 10 of the Instructions)	9	00			
	9 Interest on out-of-state bonds (including municipal bonds)	10	00			
	10 Other Hawaii additions to federal AGI (see page 10 of the Instructions)	11●	00			
	11 Add lines 8 through 10	Total Hawaii additions to federal AGI		12	00	
	12 Add lines 7 and 11			13	00	
	13 Pensions taxed federally but not taxed by Hawaii			14	00	
	14 Social security benefits taxed on federal return			15●	00	
	15 First \$1,750 of military reserve or Hawaii national guard duty pay			16●	00	
	16 Payments to an individual housing account			17	00	
17 Other Hawaii subtractions from federal AGI (see page 13 of the Instructions)			18●	00		
18 Add lines 13 through 17	Total Hawaii subtractions from federal AGI		19●	00		
19 Line 12 minus line 18	Hawaii AGI ➤		20●	00		

CAUTION: If you can be claimed as a dependent on another person's return, check here ☐ ● and see the Instructions on page 18.

DEDUCTIONS AND COMPUTATION OF TAXABLE INCOME	20 If you do not itemize your deductions, go to line 21 below. Otherwise go to page 13 of the Instructions and enter your itemized deductions here.	20a●	00	}	}	}
	20a Medical and dental expenses (from Worksheet A-1)	20b●	00			
	20b Taxes (from Worksheet A-2)	20c●	00			
	20c Interest expense (from Worksheet A-3)	20d●	00			
	20d Contributions (from Worksheet A-4)	20e●	00			
	20e Casualty and theft losses (from Worksheet A-5)	20f●	00			
	20f Miscellaneous deductions (from Worksheet A-6)			21●	00	
	21 Enter the larger of: Itemized Deductions — If line 19 is more than \$100,000 (\$50,000 for married filing separately), see the worksheet on page 24 of the Instructions. If not, add lines 20a through 20f. OR Standard Deduction shown below for your filing status. Single — \$1,500 Head of household — \$1,650 Married filing jointly or Qualifying widow(er) — \$1,900 Married filing separately — \$950			22●	00	
	22 Line 19 minus line 21. (This line MUST be filled in)			23●	00	
	23 Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) ● <input type="checkbox"/> Yourself ● <input type="checkbox"/> Spouse, and see page 18 of the Instructions.			24●	00	
24 Taxable Income. Line 22 minus line 23 (but not less than zero)	Taxable Income ➤		25●	00		

• ATTACH CHECK OR MONEY ORDER HERE • ATTACH COPY 2 OF FORM W-2 HERE •

TAX COMPUTATION	25	Amount from line 24 (Taxable Income)	25		00
	26	Tax. Check if from <input type="checkbox"/> Tax Table; <input type="checkbox"/> Tax Rate Schedule; <input type="checkbox"/> Form N-168; <input type="checkbox"/> Form N-615; or <input type="checkbox"/> Capital Gains Tax Worksheet on page 24 of the Instructions. Net capital gain from line 14 of Capital Gains Tax Worksheet • (• <input type="checkbox"/> Include separate tax from Forms N-2, N-103, N-152, N-312, N-405, N-586, or N-814) Tax ➤	26•		00
NONREFUNDABLE CREDITS	27	Income tax paid to another state or to a foreign country (from Worksheet on page 24 of the Instructions)	27		00
	28•	Energy Conservation Tax Credit (attach Form N-157).....	28•		00
	29•	Enterprise Zone Tax Credit (attach Form N-756).....	29•		00
	30	Low-Income Housing Tax Credit (attach Form N-586)	30		00
	31•	Credit for Employment of Vocational Rehabilitation Referrals (attach Form N-884)	31•		00
	32•	Tax Credits for High-Technology (attach Form N-318)	32•		00
	33•	Add lines 27 through 32 Total Non-Refundable Credits ➤	33•		00
	34	Line 26 minus line 33 (but not less than zero) Balance ➤	34		00
TAX PAYMENTS AND REFUNDABLE CREDITS	35•	Hawaii State Income tax withheld and tax withheld on IHA distribution	35•		00
	36•	1999 estimated tax payments	36•		00
	37•	Amount of estimated tax applied from 1998 return	37•		00
	38•	Amount paid with extension(s)	38•		00
	39•	Low-Income Refundable Tax Credit (attach Schedule X) DHS, etc. exemptions•	39•		00
	40•	Credit for Low-Income Household Renters (attach Schedule X)	40•		00
	41•	Credit for Child and Dependent Care Expenses (attach Schedule X)	41•		00
	42•	Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)	42•		00
	43•	Capital Goods Excise Tax Credit (attach Form N-312)	43•		00
	44•	Fuel Tax Credit for Commercial Fishers (attach Form N-163)	44•		00
	45•	Motion Picture and Film Production Income Tax Credit (attach Form N-316).....	45•		00
	46•	Other credits (attach list and see page 21 of Instructions)	46•		00
	47•	Add lines 35 through 46 Total Payments and Credits ➤	47•		00
REFUND OR AMOUNT YOU OWE	48•	If line 47 is larger than line 34, enter the amount OVERPAID (line 47 minus line 34)	48•		00
	49•	Amount of line 48 to be REFUNDED TO YOU Refund ➤	49•		00
	50•	Amount of line 48 to be applied to your 2000 ESTIMATED TAX	50•		00
	51•	If line 34 is larger than line 47, enter the AMOUNT YOU OWE (line 34 minus line 47). Attach check or money order for full amount payable to "Hawaii State Tax Collector." Write your social security number and "1999 Form N-11" on it. If you are filing your return late, see page 22 of the Instructions Balance Due ➤	51•		00
	52•	Estimated tax penalty. (See page 22 of Instructions.) Also include on line 48 or 51, whichever applies. Check box if Form N-210 is attached ➤ <input type="checkbox"/> ...	52•		00
✓	53	If you don't need Hawaii income tax forms mailed to you next year because a tax preparer will prepare your return, check here to receive a preprinted label only. • <input type="checkbox"/>			
TAXPAYER QUESTIONNAIRE	54	Did you file a federal Schedule C? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter gross receipts _____, your Hawaii General Excise/Use Tax I.D. Number for this activity _____, and main business activity/product: _____ / _____			
	55	Did you file a federal Schedule E? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter gross rents received _____ and your Hawaii General Excise/Use Tax I.D. Number for this activity _____			
	56	Did you file a federal Schedule F? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter gross receipts _____, your Hawaii General Excise/Use Tax I.D. Number for this activity _____, and main business activity/product: _____ / _____			

**HAWAII ELECTION
CAMPAIGN FUND**

Do you want \$2 to go to the Hawaii Election Campaign Fund?

Yes

No

If joint return, does your spouse want \$2 to go to the fund?

Yes

No

Note: Checking "Yes" will not increase your tax or reduce your refund.

DECLARATION

I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

PLEASE SIGN HERE	 Your signature _____ Date _____		 Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____	
	Paid Preparer's Information	Preparer's Signature and date	Preparer's identification number	Check if self-employed ➤ <input type="checkbox"/>
		Firm's name (or yours if self-employed) and address	Federal E.I. No. ➤	
			ZIP Code ➤	